

The Art of Healing

Visual and Performing Arts Take on a Bigger Role in Patient Recovery

By Beth Baker

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Denise Simms, 32, a preschool teacher in Woodbridge, was married in May 2003. In October she was diagnosed with a rare form of cancer called primitive neuroectodermal tumor.

Simms now undergoes chemotherapy every three weeks at the Lombardi Comprehensive Cancer Center at Georgetown University Hospital, a regimen that sometimes requires a five-day hospital stay.

Along with the treatments, she gets a healthy dose of creativity through Lombardi's innovative arts program.

"Being a patient, you get cut off from the rest of the world," Simms said. "I was always with kids -- now I'm not even supposed to be around kids" because the treatment has compromised her immune system. "It's like cutting off an arm. With the arts, I feel like I'm whole again."

While at Lombardi, Simms exercises to music with a ballet dancer, listens to live musical performances, writes personal reflections and works with beads, clay and collage. "It's kind of weird that I look forward to getting chemotherapy so I can do art," she said.

She also attributes to the arts a renewed relationship with her husband.

"When I first got diagnosed, we were taking it doctor appointment by doctor appointment," Simms said. "We weren't really living. The arts brought me back to who I was and made me realize we had to get back to who we were."

Stories like this one have contributed to a blossoming of the arts in health care settings around the nation. Nearly 300 health and arts professionals and 60 speakers gathered in Alexandria in April for the 13th annual conference of the Society for the Arts in Healthcare (SAH). Health care practitioners, artists and art therapists spent four days learning about the potential healing benefits of everything from quilting and tapestry to sound therapy, storytelling, poetry, drama, painting, architectural design, photography and gardens.

The conference, sponsored by the National Endowment for the Arts (NEA), Johnson & Johnson, Smith Farm Center for the Healing Arts and the Washington Hospital Center, was a big draw for those working

in hospitals and clinics, said SAH executive director Gay Hanna. "There is a hunger on the part of health care to know the arts better," she said.

Among the conference presentations:

- A hospital-based bereavement photographer from Chicago explained how his portraits of parents holding their stillborn babies help grieving families cope with their loss.
- A facilities director described transforming the Yale Medical Group's quarters in New Haven, Conn., from standard office space into a place of "art and healing."
- Fabric artists from North Carolina gave a hands-on workshop and exhibited tapestries made by survivors of sexual abuse.

Hanna said she has been surprised that institutions in the Washington area are so open to such programs. Supporting the conference by hosting events or leading sessions were the National Institute on Aging, Washington National Cathedral, the U.S. Botanic Garden, the Canadian Embassy, the Hirshhorn Museum and Sculpture Garden, the Hebrew Home of Greater Washington, Children's National Medical Center and Lombardi, among others. The Congressional Arts Caucus, a bipartisan group that seeks to increase funding for the NEA, invited the group to make a presentation, Hanna said.

The Art of Caring

Incorporating the arts into health care settings has real benefits, advocates of such programs say. As health care grows more technical and sophisticated, patients' anxiety and loss of control often rise. Hospital staff, meanwhile, often work under harried, difficult conditions. In this environment, the arts can reduce stress and allow healing to flourish.

"It's the kind of thing you wouldn't think about, but once you get used to the idea, it's great for staff and patients," said Robert Warren, a Lombardi oncologist and professor of medicine at Georgetown University School of Medicine. The arts, he said, are "comforting, and soothing. There's nothing more wonderful than walking out of a very difficult morning and to have somebody playing the piano, or a flautist or a harpist. It's healing to me, and it makes me feel better about what I do."

Through the arts, patients "get reminded, for a brief moment, that you're more than your illness," said Linda Belans, director of Duke University Medical Center's Health Arts Network.

Patricia Taylor-Irvin of the District said the idea of engaging in artistic expression while battling cancer at Lombardi seemed ludicrous at first. But at the invitation of Nancy Morgan, director of the arts program, Taylor-Irvin began writing in a journal, and soon she wanted to try other forms of art.

"As wonderful as my doctor is and the nursing staff, it was Nancy's program that brought me back to who I am," she said. "It amazes me that it's not everywhere -- you can't just be about blood and catheters and [cell] counts."

The string of beads Taylor-Irvin made at Lombardi, with the help of artist Deborah Gudelsky, has become her talisman. "Too many nights at 3 in the morning, you're in pure terror -- and you have your beads," she said. "It brings me peace and refocuses me."

To the Mainstream

Once considered on the fringe of health care, arts are being used by a growing number of leading medical institutions, including those associated with Johns Hopkins, Stanford, Dartmouth and Vanderbilt. Through SAH, the NEA funds a consulting service to give institutions guidance on creating arts programs.

Lombardi's program, funded through a foundation grant and donations, costs about \$75,000 a year -- although Morgan said she could do "the best possible job" with an additional \$50,000. She's encouraged by the increase in referrals she's getting from physicians and nurses -- including one memorable day when a doctor wrote an order for a patient to have a keyboard. "The patient had been very agitated," Morgan explains. "I got her a keyboard, and she played so beautifully. She was calm then."

The Creative Center -- Arts for People with Cancer in New York once had to persuade hospitals to give matching \$5,000 grants to pay for a part-time artist-in-residence. Through word of mouth, hospitals now seek out the program, says founding director Geraldine Herbert, and 16 New York hospitals participate. The center's new collaboration with the Whitney Museum and New York University will use art to help enhance the diagnostic skills of oncology fellows by improving their powers of observation.

Further expansion of the arts in health care movement may be hampered by a lack of research, advocates say. A 2003 report conducted by NEA and SAH found only 37 peer-reviewed, published studies of the arts in health care. (Most of these studies showed arts programs to be beneficial.) To persuade the medical establishment that it's worth investing in the arts, some advocates believe they need to gather more clinical evidence of such benefits as reduced hospital stays, fewer medications and lower stress levels.

"You have to be able to measure the impact of what you did on patients, family members or caregivers or professional staff," said Blair L. Sadler, CEO of San Diego's Children's Hospital and Health Center, which has a strong arts program.

Yet measuring the effects of creative expression isn't always easy. The NEA/SAH report noted that "not every benefit derived from the arts can be measured quantitatively. Loneliness, fear, joy and relief are best reported in a subjective way."

At Duke, the Health Arts Network asks a patient to mark on a simple linear scale how much pain he is in. After doing artistic work -- painting, writing in a journal, making a poem -- the patient is asked again to mark his pain level. Often the patient indicates his pain has been reduced without medication.

"That's an easy thing to administer, and it's acceptable in scientific journals," said Duke's Belans.

What the available data suggest is promising. Studies indicate, for example, that aesthetically pleasing environments shorten recovery time and hospital stays; creating art reduces anxiety in patients with cancer; creative writing eases the symptoms of asthma and arthritis; and music lowers stress levels.

An assessment of the Creative Center's artist-in-residence program found significant declines in participating patients' boredom and anxiety, and increases in cheerfulness. More than 92 percent of the patients said the program was "good" or "great" and should be continued or expanded.

Smart Moves

Marianne B. Talbot, founder of the Arlington-based National Rehabilitation and Rediscovery Foundation, hopes to add to this body of knowledge with a study of her dance and movement program. She was recently awarded a three-year grant by the state-funded Commonwealth Neuro-Trauma Initiative. She will work with researchers at Virginia Tech to study the benefits of dance and movement for people with brain injury.

"It's our responsibility to document the benefits and the efficacy of what we're doing in order to have respect as an adjunct therapy," she said.

But people such as Radhika Rishi -- who dances in a troupe that Talbot created for people with brain injuries -- don't need research to convince them that creative expression is healing.

"Because of dance, I have been able to reduce a lot of my medication," she said. In fact, Rishi -- a car crash left her with a brain injury, spinal problems, paralysis, seizures, hearing loss and blindness -- no longer needs a wheelchair and uses a cane only on occasion. She can pull a shirt on over her head, button her clothes and carry a plate of food.

She attributes this remarkable progress to her four years in the dance program.

"The more you do it, the more your brain remembers how to do these things," she said. "It's allowed my body over time to remember how to reconnect itself to move again and function properly."

Others say that the arts cannot be measured in the same way you test a new prescription drug.

"Research that involves the patient is often intrusive and cuts against the very thing we are trying to do when we bring art to the hospital," said Herbert of the Creative Center. "We are giving the patient a choice, one of the few things they can say no to. We're using the patient's imagination and giving them a freedom of expression."

Oncologist Warren points to one of his former patients, Carol Bitner, who now volunteers her weaving talents at Lombardi.

"It's very, very hard to quantitate how much benefit is derived from Carol Bitner sitting in the lobby, quietly weaving and talking to someone about what it means to her," Warren said.

"I can't measure how much better it makes the staff feel to hear beautiful music playing. Do I feel 50 percent better?

"I don't know," he said, "but I feel better." •

Beth Baker has written for the Health section about aging and assisted living.

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